

C1 8909 SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND WELL COMPLETION REPORT

THIS REPORT MUST BE SUBMITTED WITHIN 45 DAYS AFTER WELL IS COMPLETED. COUNTY NUMBER 13 A514220

1 2 3 6 (THIS NUMBER IS TO BE PUNCHED IN COLS. 3-6 ON ALL CARDS)

ST/CO USE ONLY DATE Received MM DD YY 8 13

DATE WELL COMPLETED MM DD YY 12 09 06

Depth of Well 22 385 26 3/19/07 PERMIT NO. FROM "PERMIT TO DRILL WELL" HO-95-0449

OWNER Fyock last name STREET OR RD Candlelight Drive first name TOWN Dayton SUBDIVISION Castleberry at Ten Oaks SECTION LOT 21

WELL LOG Not required for driven wells

Table with columns: DESCRIPTION (Use additional sheets if needed), FEET (FROM, TO), check if water bearing. Rows include Top Soil, Sandy Sand Stone, MICKA, Sand Stone, MICKA, Flint Rock, MICKA.

GROUTING RECORD

WELL HAS BEEN GROUTED (Circle Appropriate Box) YES Y NO N TYPE OF GROUTING MATERIAL (Circle one) CEMENT CM BENTONITE CLAY BC NO. OF BAGS 16 NO. OF POUNDS 1500 GALLONS OF WATER 96 DEPTH OF GROUT SEAL (to nearest foot) from 0 ft. to 30 ft.

CASING RECORD casing types insert appropriate code below MAIN CASING TYPE PL Nominal diameter top (main) casing (nearest inch)! 6 Total depth of main casing (nearest foot) 60

OTHER CASING (if used) diameter inch depth (feet) from to

SCREEN RECORD screen type or open hole insert appropriate code below STEEL ST BRASS BR BRONZE BR PLASTIC PL OPEN HOLE HO OTHER OT

NUMBER OF UNSUCCESSFUL WELLS: 0 WELL HYDROFRACTURED YES Y NO N

DEPTH (nearest ft.) 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76

CIRCLE APPROPRIATE LETTER A WELL WAS ABANDONED AND SEALED WHEN THIS WELL WAS COMPLETED E ELECTRIC LOG OBTAINED P TEST WELL CONVERTED TO PRODUCTION WELL

SLOT SIZE 1 2 3 DIAMETER OF SCREEN (NEAREST INCH) from 56 to 60

I HEREBY CERTIFY THAT THIS WELL HAS BEEN CONSTRUCTED IN ACCORDANCE WITH COMAR 26.04.04 "WELL CONSTRUCTION" AND IN CONFORMANCE WITH ALL CONDITIONS STATED IN THE ABOVE CAPTIONED PERMIT, AND THAT THE INFORMATION PRESENTED HEREIN IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

GRAVEL PACK IF WELL DRILLED WAS FLOWING WELL INSERT F IN BOX 68

DRILLERS LIC. NO. 1 M SD 117 DRILLERS SIGNATURE (MUST MATCH SIGNATURE ON APPLICATION) LIC. NO. 1 D

MDE USE ONLY (NOT TO BE FILLED IN BY DRILLER) T (E.R.O.S.) W Q

SITE SUPERVISOR (sign. of driller or journeyman responsible for sitework if different from permittee)

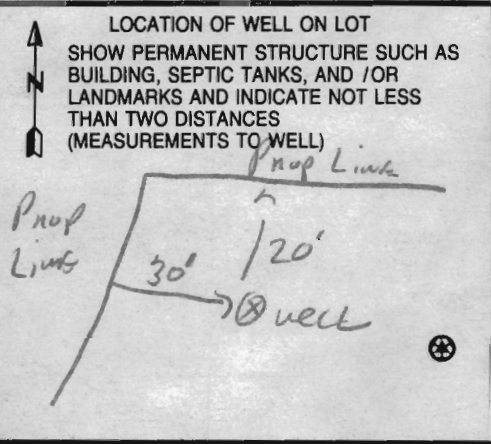
TELESCOPE CASING LOG INDICATOR OTHER DATA

PUMPING TEST

HOURS PUMPED (nearest hour) 3 PUMPING RATE (gal. per min.) 10 METHOD USED TO MEASURE PUMPING RATE Bucket WATER LEVEL (distance from land surface) BEFORE PUMPING 30 ft. WHEN PUMPING 25 ft. TYPE OF PUMP USED (for test) S submersible

PUMP INSTALLED

DRILLER INSTALLED PUMP (CIRCLE) (YES OR NO) YES NO IF DRILLER INSTALLS PUMP, THIS SECTION MUST BE COMPLETED FOR ALL WELLS. TYPE OF PUMP INSTALLED PLACE (A,C,J,P,R,S,T,O) IN BOX 29. CAPACITY: GALLONS PER MINUTE (to nearest gallon) 31 35 PUMP HORSE POWER 37 41 PUMP COLUMN LENGTH (nearest ft.) 43 47 CASING HEIGHT (circle appropriate box and enter casing height) + above LAND SURFACE - below 2 (nearest foot)



B 1 8421

SEQUENCE NO. (MDE USE ONLY)

STATE OF MARYLAND APPLICATION FOR PERMIT TO DRILL WELL

525121 please type

STATE PERMIT NUMBER

HO-95-0449 fill in this form completely

Date Received (APA)

OWNER INFORMATION

8 MM DD YY 13

Castleberry at ten Oaks LLC
3675 Park AVE. Suite 301
Ellicott City MD 21043

B 3

LOCATION OF WELL

Howard
Castleberry at ten Oaks
Glenelg

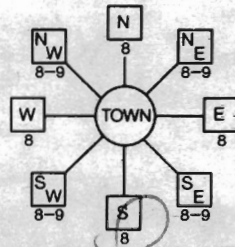
MILES FROM TOWN (enter 0 if in-town)

DRILLER INFORMATION

Ralph E Mayne MS D 119
Ralph E Mayne INC
17024 Hardy Rd Mt. Airy MD
Ralph E Mayne 5/6/06

B 4

DIRECTION OF WELL FROM TOWN (CIRCLE BOX)



Candle Light Dr.
NEAR WHAT ROAD

ON WHICH SIDE OF ROAD (CIRCLE APPROPRIATE BOX)
DISTANCE FROM ROAD 250
ENTER FT OR MI
TAX MAP: 22 BLK 19+20 PARCEL

B 2

WELL INFORMATION

APPROX. PUMPING RATE 5 (GAL. PER MIN.)
AVERAGE DAILY QUANTITY NEEDED 500 (GAL. PER DAY)

USE FOR WATER (CIRCLE APPROPRIATE BOX)

- DOMESTIC POTABLE SUPPLY & RESIDENTIAL IRRIGATION
FARMING (LIVESTOCK WATERING & AGRICULTURAL IRRIGATION)
INDUSTRIAL, COMMERCIAL, DEWATERING
PUBLIC WATER SUPPLY WELL
TEST, OBSERVATION, MONITORING
GEO-THERMAL

NOT TO BE FILLED IN BY DRILLER HEALTH DEPARTMENT APPROVAL

Howard 13 A514220
COUNTY NAME COUNTY NO.
STATE SIGNATURE INSERT S
DATE ISSUED 7/15/2006 Brian Baker 7/15/2007
CO SIGNATURE EXP. DATE
NORTH GRID 518 000 EAST GRID 802 000

APPROXIMATE DEPTH OF WELL 15 FEET

APPROXIMATE DIAMETER OF WELL 6 INCH NEAREST TOWN

METHOD OF DRILLING (circle one)

BORED (or Augered) JETTED Jetted & DRIVEN
AIR-ROTary AIR-Percussion ROTARY (Hydraulic Rotary)
CABLE REverse-ROTary Drive-POINT

REPLACEMENT OR DEEPEMED WELLS (CIRCLE APPROPRIATE BOX)

- THIS WELL WILL NOT REPLACE AN EXISTING WELL
THIS WELL WILL REPLACE A WELL THAT WILL BE ABANDONED AND SEALED
THIS WELL WILL REPLACE A WELL THAT WILL BE USED AS A STANDBY CONTACT LOCAL APPROVING AUTHORITY FOR POLICY ON STANDBY WELLS
THIS WELL WILL DEEPEM AN EXISTING WELL
PERMIT NUMBER OF WELL TO BE REPLACED OR DEEPEMED (IF AVAILABLE)

SHOW MAJOR FEATURES OF BOX & LOCATE WELL WITH AN X

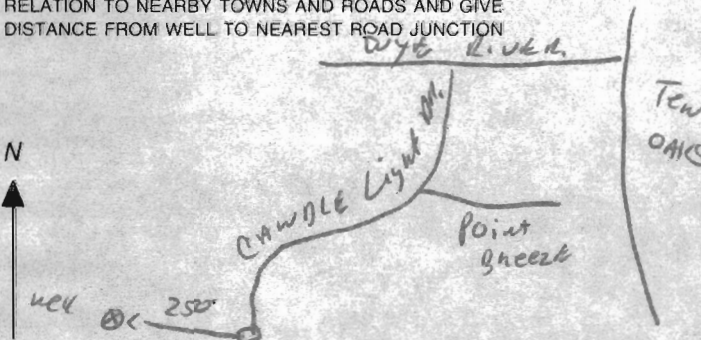
SOURCES OF DRILLING WATER

- well

WRITE THE BOX NUMBER FROM THE MAP HERE

E 520802
N 810518

DRAW A SKETCH BELOW SHOWING LOCATION OF WELL IN RELATION TO NEARBY TOWNS AND ROADS AND GIVE DISTANCE FROM WELL TO NEAREST ROAD JUNCTION



Not to be filled in by driller (MDE OR COUNTY USE ONLY)

APPROX. PERMIT NUMBER 402003G001
PERMIT No. HO-95-0449

SPECIAL CONDITIONS

NOTE: APPROVING AUTHORITIES SHOULD USE SEPARATE SHEET IF NEEDED

**HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
WATER AND SEWERAGE PROGRAM
TEL: (410)313-2640 FAX: (410)313-2648**

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: Do-It Plumbing & Heating LLC Telephone #: 240-882-0069
Address: 7715 Old Mill Rd
E.C. Md 21042

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer

License # and name of individual responsible for the field installation:
Name (Print): Duane Gilbert License# 21899

*A licensed individual must perform the actual installation. Apprentices must be under the direct supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification.

Name of Property Owner: TBI Telephone #: 410-480-0023
Subdivision: Castleberry @ Ten Oaks Lot #: 21 Well Tag #: HO-95-0449
Site Address: 4062 Candlelight Dr
Dorhan Md

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: <u>Nashers</u>	Make: <u>American Gruby</u>	Two piece watertight cap: <u>yes</u>
Model #: <u>25PS2-120w-94-2</u>	Model#: <u>PT800</u>	Screened, vented well cap: <u>yes</u>
Pump Capacity: <u>12</u> GPM	Depth: <u>yes</u> (36" min)	Cap secured to casing: <u>yes</u>
Well Yield: <u>10</u> GPM	NSF approved: <u>yes</u>	Conduit min 18" B.G.: <u>yes</u>
Depth of well encountered at time of pump installation: <u>380</u> (feet)		Conduit secured to well cap: <u>yes</u>

If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4
Torque arrestors or Cable guards are required -- Must circle one
Safety rope, if used, attached to inside of well casing with eye bolt NO

<u>Piping to house</u>	<u>House Connection</u>
Type: <u>Plastic - one inch</u>	PVC sleeved to undisturbed soil at wall penetration: <u>yes</u>
PSI: <u>yes</u> (160 psi min)	Approximate length of sleeve: <u>10 ft</u>
Depth of supply line: <u>yes</u> (36" min)	Sleeve caulked and sealed properly: <u>yes</u>

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

Signature of company representative responsible for installation: Duane Gilbert date: May-1-2013

For Health Department Use Only - Not to be completed by Installer

Date Insp. Requested: _____ Date Insp. Approved: _____

Inspection Data: Pitless adapter and water supply line at least 36" below grade _____

Two piece cap installed and attached to casing securely _____

Elec. conduit extends at least 18" below grade/attached to cap properly _____

Safety rope installed inside of well casing _____

Correct well tag attached properly and casing 8" above finished grade _____

Water supply line sleeved adequately at house connection _____

Adequate grout observed below pitless adapter _____

HOWARD COUNTY HEALTH DEPARTMENT
 BUREAU OF ENVIRONMENTAL HEALTH
 WELL & SEPTIC PROGRAM
 TEL: (410)313-1771 FAX: (410)313-2648

Information Form for the Installation of the Well Pump, Pitless Adapter, and Supply Piping

NOTE: The installer is responsible for requesting an inspection prior to 9 am on the day of the desired inspection. No work is to be covered until approved by the Health Department. All installations must comply with the National Standard Plumbing Code (NSPC, as amended locally) and COMAR 26.04.04 (MD Well Construction Regulations). Submission of a complete form is required prior to Use and Occupancy approval.

Company Name: _____ Telephone #: _____
 Address: _____

(Must circle one) Licensed Plumber Licensed Well Driller Licensed Well Pump Installer
 License # and name of individual responsible for the field installation:

Name (Print): _____ License# _____

***A licensed individual must perform the actual installation. Apprentices must be under the supervision of a licensed journeyman or master plumber, pump installer or well driller. Licenses may be subjected to field verification. Unlicensed individuals may be reported to the appropriate licensing agency.**

Name of Property Owner: _____ Telephone #: _____
 Subdivision: _____ Lot #: 21 Well Tag #: HO-95-0449
 Site Address: 4062 Candlelight Dr.

<u>Submersible Pump Data</u>	<u>Pitless Adapter</u>	<u>Well Cap and Electric Conduit</u>
Make: _____	Make: _____	Two piece watertight cap: _____
Model #: _____	Model#: _____	Screened, vented well cap: _____
Pump Capacity _____ GPM	Depth: _____ (36" min)	Cap secured to casing: _____
Well Yield: _____ GPM	NSF/WSC approved: _____	Conduit min 18" B.G.: _____
Depth of well encountered at time of pump installation: _____ (feet)		Conduit secured to well cap: _____
If pump capacity exceeds well yield, a low water cut off switch is required by NSPC 1990 Section 17.8.4		
Torque arrestors, Cable guards, or other acceptable method used- Must circle one		
Safety rope, if used, attached to brass rope adapter or other acceptable method <u>inside of well casing</u>		

<u>Piping to house</u>	<u>House Connection</u>
Type: _____	PVC sleeve to undisturbed soil at wall penetration: _____
PSI: _____ (160 psi min)	Length of sleeve(5' minimum from foundation): _____
Depth of supply line: _____ (36" min)	Sleeve sealed properly: _____

The water supply line is required to be at least ten feet from the septic tank, pump chamber, sewage piping, distribution box, drainfields, and sewage reserve area. If this cannot be accomplished, contact this office for approval prior to installation.

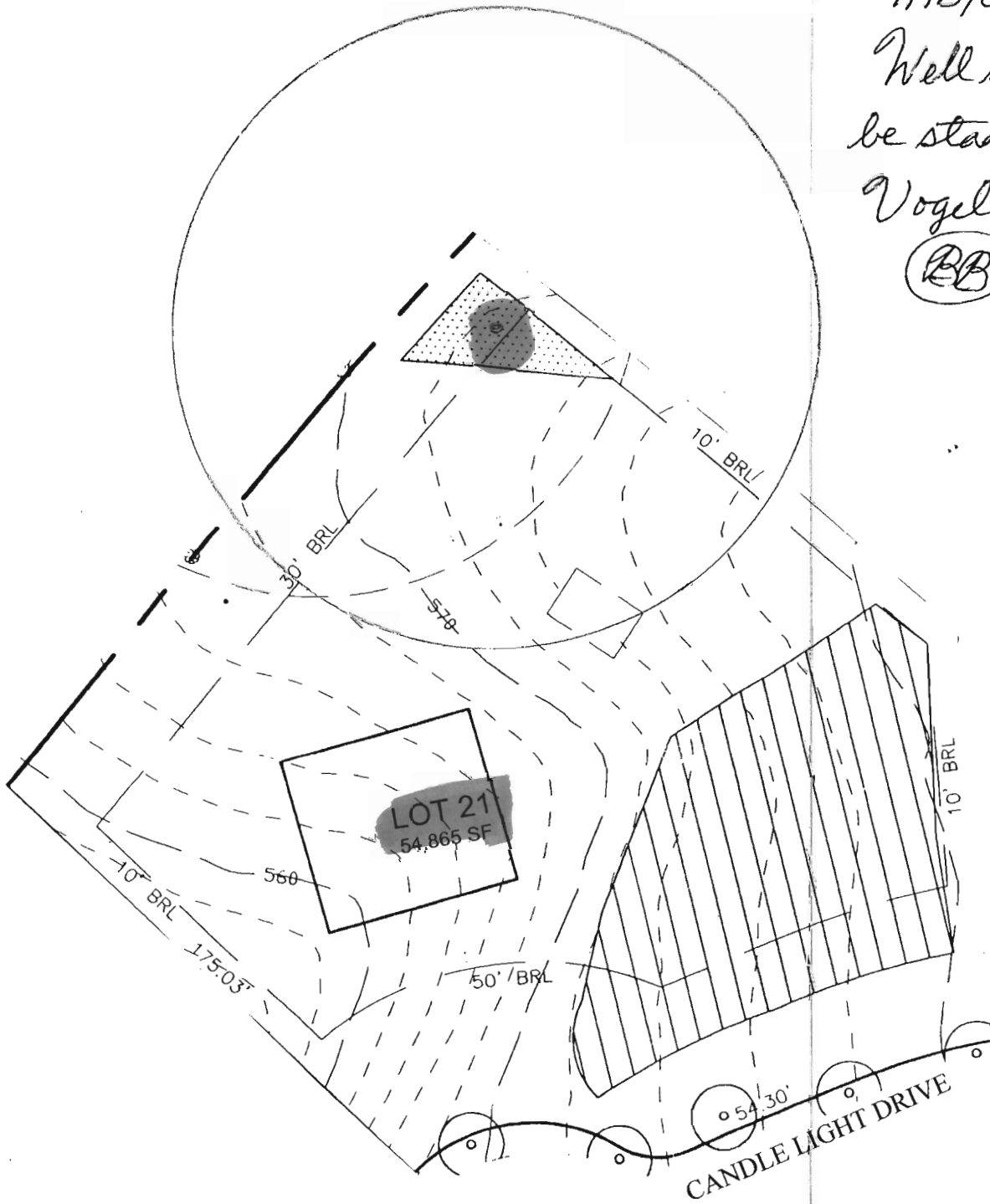
 Signature of company representative responsible for installation date

For Health Department Use Only – Not to be completed by Installer

Date Insp. Requested: _____ Date Insp. Approved: 2/21/2013 Inspector: BB
 Inspection Data: Pitless adapter watertight & water supply line at least 36" below grade
 Two piece cap installed and attached to casing securely
 Elec. conduit extends at least 18" below grade/attached to cap properly
 Safety rope not outside of well cap/casing
 Correct well tag attached properly and casing 8" above finished grade
 Water supply line sleeved adequately at house connection
 Adequate grout observed below pitless adapter

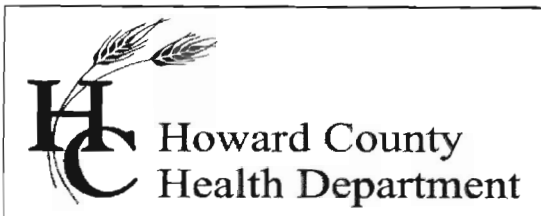
CASTLEBERRY AT TEN OAKS

7/15/06
Well site to
be staked by
Vogel surveyors
(RB)



WELL LOCATION SURVEY

SCALE: 1" = 50'



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
Main: 410-313-6300 | Fax: 410-313-6303
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

INTERIM CERTIFICATE OF POTABILITY

Expiration Date – NOVEMBER 17, 2013

5/17/2013

Homeowner
4062 Candlelight Drive
Dayton, MD 21036

**RE: Castleberry at Ten Oaks, Lot 21
4062 Candlelight Drive
Building Permit: B12002346
Well Permit: HO-95-0449**

Dear Homeowner:

This is to advise you that the septic system installation and water well construction for the above referenced property have been inspected and approved. Final approval of the septic system was granted on **5/9/2013**. Final approval of the well line connection to the dwelling was granted on **2/21/2013**. The well construction was completed on **12/4/2006**. Water samples were collected on **5/7/2013**.

The water sample results indicate that the water samples submitted for testing were free of coliform and fecal coliform bacteria at the time of sampling and are bacteriologically safe for drinking. This certifies that the initial sampling requirements of COMAR 26.04.04 "Well Regulations" have been met for the water supply system installed under well permit HO-95-0449. Although the submitted sample results are in compliance with COMAR standards, the Health Department does not guarantee water supplies.

This Interim Certificate of Potability will expire **six months** from the date of issuance. Submission of a second bacteriological test indicating the water is free of coliform and fecal coliform bacteria is required prior to the expiration date, after which time a Final Certificate of Potability will be issued. **Failure to submit an additional sample and obtain a Final Certificate of Potability will result in a Notice of Violation and is punishable as a misdemeanor under the Annotated Code of Maryland, Environment Article, 9-1311, subject to a fine of up to \$500 or imprisonment not to exceed three months.**

Please contact (410) 313-1773 to schedule a final water sample appointment or contact a Maryland certified water laboratory to schedule a water sample. A list of laboratories certified by the state of Maryland may be found at the following website:

<http://www.mde.state.md.us/assets/document/WSP-Labs-2010apr16.pdf>

Approving Authority,

A handwritten signature in black ink that reads "Robert Bricker". The signature is written in a cursive style with a large, prominent initial "R".

Robert Bricker, REHS/R.S.
Environmental Sanitarian
Well & Septic Program

cc: Howard County Dept. of Inspections, Licenses, and Permits
Community Hygiene Program
File



CB21

TRACE LABORATORIES, INC
5 North Park Drive
Hunt Valley, MD 21030 USA
Telephone: 410/584-9099 / Fax: 410/584-9117
Website: www.tracelabs.com / Email: info@tracelabs.com

Maryland State Certified Laboratory #318

CERTIFICATE OF ANALYSIS

Requester:

Trinity Homes/TBI Homes
3675 Park Avenue, Suite 301
Ellicott City, Maryland 21043

S/O Number: 89048

Report Date: May 8, 2013

Property Sampled: 4062 Candle Light Drive, 21036
Sample Location: Pressure Tank Tap
Residual Chlorine: <0.1 mg/L

Building Permit #: B12002346
Sampler ID #: 7483AM
Samples Iced: Yes

County: Howard
Map: 22

Subdivision: Castleberry at Ten Oaks
Parcel: 90

Lot #: 21

Date/Time Collected in Field: May 7, 2013 @ 12:07 pm
Date/Time Received in Lab: May 7, 2013 @ 1:05 pm

Well Tag #: HO-95-0449
Well Condition: 2-Piece Cap, Satisfactory

'OK' reB 5/12/13

Water Treatment/Conditioning: Sediment Filter

PARAMETER	METHOD	MCL/*SMCL	RESULT	PASS/FAIL
Total Coliform	SM 9223B	Absent	Absent ✓	Pass
E. coli	SM 9223B	Absent	Absent ✓	Pass
Nitrate	SM 4500D	10 mg/L as N	2.0 mg/L as N ✓	Pass
Turbidity	EPA 180.1	10 NTU	<1.0 NTU ✓	Pass
pH	EPA 150.1	*6.5-8.5 Units	6.8 Units ✓	***
Sand		Absent	Absent ✓	Pass

The results in this report relate only to those items tested. If any additional information or clarification of this report is required, please contact us. This test report shall not be reproduced except in full without the written approval of Trace Laboratories Inc.

Katherine C. Higgs
Manager – Drinking Water Testing

MCL: Maximum Contamination Level, an enforceable level established by the EPA
*SMCL: Secondary Maximum Contamination Level, a level recommended by the EPA
***A non-enforceable parameter that may cause cosmetic effects or aesthetic effects (such as taste, color or odor) in drinking water.